

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

06:30:42 p.m.

07-09-2015

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FORM APPROVED

OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445277	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2015
NAME OF PROVIDER OR SUPPLIER MCMINN MEMORIAL NURSING HOME & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 886 HWY 411 NORTH ETOWAH, TN 37331	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and testing, the facility failed to provide delayed egress signage on delayed egress locked doors.</p> <p>The findings include:</p> <p>Observation and testing on 6/15/15 at 7:30 PM revealed the front entrance doors to the facility are not provided with delayed egress signage "PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 15 SECONDS" on the door.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/15/15.</p> <p>NFPA 101 7.2.1.6.1</p>	K 038	<p>Delay Egress signs were installed on the double doors at the main entrance to the Nursing Home that state: "PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 15 SECONDS". This was completed on June 16, 2015.</p> <p>A staff in-service will be conducted on 7/14-15/15 on the proper procedure for the operation of the delayed egress device.</p> <p>This POC is being submitted in compliance with federal regulations and SOM. It is not an admission or for any other purpose other than the purpose stated herein.</p>	8/1/15
K 066 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p>	K 066		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 066	Continued From page 1 (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide a metal container with a self-closing lid into which ashtrays can be emptied into. The findings include: Observation on 6/15/15 at 8:00 PM revealed the outside courtyard smoking area is not provided with a metal container with a self-closing lid into which ashtrays can be emptied into. This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/15/15.	K 066	One metal trash container with a self-closing lid was purchased and installed in the patient outside smoking area on June 30, 2015 for cigarette disposal only. A staff in-service will be conducted on 7/14-15/15 on the proper disposal of cigarettes while in the smoking area. This POC is being submitted in compliance with federal regulations and SOM. It is not an admission or for any other purpose other than the purpose stated herein.		8/1/15
K 140 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Master alarm panels are in two separate locations and have audible and visible signals. There are high/low alarms for +/- 20% operating pressure.	K 140			

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K 140	<p>Continued From page 2 NFPA 99, 4.3.1.2.2</p> <p>This STANDARD is not met as evidenced by: Based on record review, the facility failed to maintain the area alarm panel for the piped in medical gases.</p> <p>The findings include:</p> <p>Record review on 6/15/15 at 10:15 PM of the annual medical gas report revealed the area alarm test of the oxygen, medical air, vacuum are not working/inoperative.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/15/15. NFPA 99 4-3.1.2.2(C)</p>	K 140	<p>A new Medical Gas area alarm panel was installed at the B-Wing Nurse Station on June 26, 2015 and Certified by the outside Medical Gas installer in accordance with NFPA 99 2012.</p> <p>This POC is being submitted in compliance with federal regulations and SOM. It is not an admission or for any other purpose other than the purpose stated herein.</p>	8/1/15